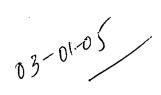
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\ ₃ //	DELPHI TECHN M/C 480-410-202 PO BOX 5052 TROY, MI 48007	IOLOGIES, INC.	FEE	ي پور 3 2 8 2005 پور	Ce	ertificate of Mailing or Transhits Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the control of the control o	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
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2 F	C:1504 300.00 C:8001 6.00	D DA		<u> </u>			2-18-05 (Date)
L	APPLICATION NO.	FILING DATE		FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/075,319	10/075,319 02/14/2002		W. James Allen		DP-305970	8681
TITLE OF INVENTION: ON-CHIP INSTRUMENATION							
٢	APPLN, TYPE SMALL ENTITY		ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
_	nonprovisional	nonprovisional NO)	\$300	\$1700	03/14/2005
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Ċ	FR 1.363).	e address of indication of T	ce Address (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							· · · · · · · · · · · · · · · · · · ·
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔎 Corporation or other private group entity							
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							FR 1.27(g)(2).
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	Authorized Signature	Suo-6	1.	Date 1728-05			
	Typed or printed name _	Susan	Gris)	Registration No.			
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